



Report of Contributions and Expenditures For Political Action Committees

(Utah Code Section 20A-11-601)

Name of Organization				Phone Number	
Utah Health Insurance Association PAC					
Street Address	Suite/Apartment/PO Box:	City	State	Zip	
5108 West Woodsmere		Herriman	UT	84096	
Also known as					

Type of Report (Check the appropriate box)	
INTERIM REPORTS:	YEAR-END REPORT:
<input checked="" type="checkbox"/> August 31st	<input type="checkbox"/> January 10th of every year
<input type="checkbox"/> Seven days before a General Election	
<div><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</div> Is this report an amendment?	

Report Verification
I, _____ Print Name of Treasurer or Financial Officer
affirm that this Report of Contributions and Expenditures is true, accurate and correct to the best of my knowledge.
_____ Signature of Treasurer or Financial Officer
9/02/2008 Date

To File this Form Mail or deliver to Lieutenant Governor's Office Utah State Capitol, Suite 220 Salt Lake City, UT 84114-2325 (801) 538 - 1133 For More Information Contact the Lieutenant Governor's Office (801) 538 - 1041 1-800-995-VOTE(8683) elections@utah.gov

For Office Use Only
<input checked="" type="checkbox"/> Entered _____
<input type="checkbox"/> Copied _____

Date Received

Page 2	of 4
Name of PAC Utah Health Insurance Ass	
Date of Report 9/02/2008	

Summary Page

(Complete this page after filling out all Schedule A and Schedule B forms)

REPORTING PERIOD DETAILS			
Report: August 31st			
Beginning Date: 1/1/2008			
Ending Date: 8/27/2008			
Due Date: 9/2/2008			
BALANCE SUMMARY			YEAR TO DATE
1	Balance at Beginning of Reporting Period (Refer to line 5 of last report)	(\$5,295.08)	
2	Total Contributions Received (See Schedule A)	\$2,840.00	\$2,840.00
3	Subtotal (Add lines 1 & 2)	(\$2,455.08)	
4	Total Expenditures Made (See Schedule B)	\$2,000.00	\$2,000.00
5	Ending Balance (Subtract Line 3 from Line 4)	(\$4,455.08)	

Page 3	of 4
Name of PAC Utah Health Insurance Ass	
Date of Report 9/02/2008	

Schedule A

Itemized Contributions Received

I = In Kind, L = Loan, A = Amendment

Date Received	Name of Contributor	Complete Mailing Address	I	L	A	Contribution Amount
1/4/2008	IHC	, UT				\$1,000.00
6/5/2008	Educators Mutual	852 East Arrowhead Lane Salt Lake City , UT 84107-5298				\$920.00
6/5/2008	Western Mutual Insurance Company	P.O. Box 572450 Murray , UT 84157-2450				\$920.00
SUB TOTAL FOR THIS PAGE						\$2,840.00
TOTAL CONTRIBUTIONS RECEIVED						\$2,840.00

Total Contributions Received on this page is the sum of this page and previous pages subtotals

Attach additional pages if needed

Page 4	of 4
Name of PAC Utah Health Insurance Ass	
Date of Report 9/02/2008	

Schedule B

Itemized Expenditures Made

I = In Kind, L = Loan, A = Amendment

Exp. Date	Name of Recipient	Purpose	I	L	A	Expenditure Amount
5/22/2008	David Clark	Contribution				\$1,000.00
5/22/2008	Sheldon Killpack	Contribution				\$1,000.00
SUB TOTAL FOR THIS PAGE						\$2,000.00
TOTAL EXPENDITURES MADE						\$2,000.00

Total Expenditures Made on this page is the sum of this page and previous pages subtotals

Attach additional pages if needed